

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015255

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1930

FILED APR 20 1962

VS 300
Rev. 4/59

1

27402

3

4

0

5

2

6

7

1

8

0

9/53.1

10

11

12/65.0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Philip G. Kaul

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

1 Mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Luke's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

JACKSON

c. CITY

OR

TOWN

Grandview

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

13301 PARKER

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Jonathan Hicks Haynes

4. DATE

OF

DEATH

Month

Day

Year

April 5-1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Jan 4-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Custodian

10b. KIND OF BUSINESS OR INDUSTRY

West. Jr. High School

11. BIRTHPLACE (City and state or country)

Nashville, Ark.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Washington Haynes

13b. MOTHER'S MAIDEN NAME

Mary Ellen Hicks

14. NAME OF HUSBAND OR WIFE

Hattie Evelyn Haynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Xenia Sudduth

Address

10201 E. 63rd Raytown Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis - generalized
Pulmonary, Hepatic, abdominal

INTERVAL BETWEEN ONSET AND DEATH

3 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Adenocarcinoma transverse colon

3+ mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1, 1962, to 5 April 1962, and last saw her alive on 4 April 1962.
Death occurred at 5:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Philip G. Kaul M.D.

(Degree or title)

22b. ADDRESS

320 Wornath Road.

22c. DATE SIGNED

4-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

April 6-1962

23c. NAME OF CEMETERY OR CREMATORY

JOHNSON COUNTY MEMORIAL

23d. LOCATION (City, town, or county)

JOHNSON COUNTY KANSAS

(State)

24. FUNERAL DIRECTOR

Gates, 1901 Olathes Blvd Kansas City, Mo.

ADDRESS

4-6-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Pl:1 Koul